

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TC		6-20-01
O.I.P.... CLASSIFIER		10	7-27-01
FORMALITY REVIEW	H-S	866	08-29-01
RESPONSE FORMALITY REVIEW	TA	1113	02-01-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	09-05-02
Original	05-12-02
02	05-25-02
03	05-25-02
04	05-25-02
1	✓ ✓
2	✓
3	✓
4	II
5	II
6	✓
7	
8	
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14	✓
15	II
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23	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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